



Admissions Form/Pupil Information Database

Child's full name: _____

Usual version of child's name
(if different from above): _____

Irish version of child's name
(Otherwise school will translate): _____

Date of Birth: _____ P.P.S. Number: _____ Year when starting school: _____

Father's/Guardian's Name: _____

Mother's /Guardian's Name and Maiden Name: _____

Home Address	_____

Please supply phone numbers at which you are contactable in case of emergency.	Home: _____ Work: _____
	Mobile 1 Name: _____ No.: _____
	Mobile 2 Name: _____ No.: _____
	One mobile no. for Text-a-Parent: _____
Alternative emergency contact numbers. Please supply 2.	Name 1: _____ No.: _____
	Name 2: _____ No.: _____
Details of Family Doctor	Doctor: _____ No.: _____
	Address: _____

Religious Denomination: _____

Date of Baptism: _____ Place of Baptism: _____

Father's occupation: _____ Mother's occupation: _____

Nationality: _____ Ethnic or Cultural Background: _____

Name of any Playschool/previous school(s) attended: _____ Class: _____

If transferring from another Primary School, please bring letter of transfer, together with attendance record, results of standardised tests and special needs' requirements.



Does any legal order under family law exist that the school should know about? Yes No

Details: _____

The school should be made aware of any court order, which affects the child's welfare and also the name of any person into whose custody the child should not be given.

Does your child have a medical condition which should be noted? Yes No

If yes, please supply details: _____

Administration of Medicines Policy: *In the interests of the Health and Safety of all pupils, Parents and guardians of a pupil requiring medicine during school hours should write to the Board of management for permission and obtain a copy of our school's "Administration of Medicines" Policy.*

Additional Useful Information: If there is any other information regarding your child's welfare which you feel would be of assistance to us, please indicate below or if the information is of an extremely sensitive nature, please make an appointment to speak with the teacher or principal. Information such as a Junior Infant's difficulty with toilet training, coping with buttons, fears, health issues, etc. may be relevant.

If your child is absent from school, Department of Education and Science guidelines request an explanation in writing for the reason for absence. These notes must be retained by the school for a period of one year. For this reason, **IT IS NOT SUFFICIENT TO WRITE A NOTE IN THE CHILD'S HOMEWORK DIARY.** A template is provided by the school for this purpose and is attached. Additional copies are available on the school website.

Signed: _____ Parent /Guardian

**Please return this form to above address, together with a Birth Certificate.
This will be copied and original returned to you.**

Data Privacy Notice: We are collecting this data in the event of the school needing to contact parents and for the Department of Education's Pupil Data Base. The information contained in this form will be used by staff members and the Department of Education Database. The information will be retained in the Principal's Office.



Record of Pupil Absences

Pupil's Name: _____

Class: _____

Teacher: _____

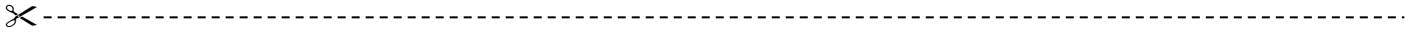
Period of Absence From: _____ To: _____

Reason for Absence: _____

Signature: _____ Date: _____

Parent/Guardian

Teacher's Signature: _____



Record of Pupil Absences

Pupil's Name: _____

Class: _____

Teacher: _____

Period of Absence From: _____ To: _____

Reason for Absence: _____

Signature: _____ Date: _____

Parent/Guardian

Teacher's Signature: _____